

**SUFFOLK COUNTY DEPARTMENT OF LABOR**  
**LIVING WAGE UNIT**

**DENIAL OF EXEMPTION OF LIVING WAGE REQUIREMENTS**

Living Wage Law, Suffolk County Code Chapter 347 (2001)

**To Be Completed By Living Wage Unit**

**DATE** \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **CONTACT:** \_\_\_\_\_

**AWARDING AGENCY:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **FUNDING SOURCE:** \_\_\_\_\_

**BASIS FOR DENIAL**

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\_\_\_\_\_  
(Signature of Authorizing Official)

\_\_\_\_\_  
(Date)